

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH										-62-005242	
ARTMENT OF PUBLIC HEALTH AND WELFARE										STATE FILE NUMBER	
Registration District No. 360 Primary Registration District No. 6213 Registrar's No. 6											
<div> <div> <div>FILED JAN 16 1962</div> <div>1. PLACE OF DEATH</div> <div>a. COUNTY <u>Vernon</u></div> <div>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Schell City</u></div> <div>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BlueMoundTwp.</u></div> </div> <div> <div>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</div> <div>a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u></div> <div>c. CITY OR TOWN <u>Schell City</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></div> <div>d. STREET ADDRESS (If outside, give location) <u>BlueMoundTwp.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></div> </div> </div>											
<div> <div>3. NAME OF DECEASED (Type or print)</div> <div>First <u>John</u> Middle <u>Kurt</u> Last <u>Kurt</u></div> </div> <div> <div>4. DATE OF DEATH</div> <div>Month <u>Jan</u> Day <u>2</u> Year <u>1962</u></div> </div>											
<div> <div>5. SEX <u>male</u></div> <div>6. COLOR OR RACE <u>white</u></div> <div>7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></div> <div>8. DATE OF BIRTH <u>Oct 22, 1871</u></div> <div>9. AGE (last birthday) <u>90 yrs</u></div> <div>IF UNDER 1 YEAR Months Days Hours Min.</div> <div>IF UNDER 24 HR</div> </div>											
<div> <div>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u></div> <div>10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u></div> <div>11. BIRTHPLACE (City and state or country) <u>Duren Road Switzerland</u></div> <div>12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u></div> </div>											
<div> <div>13a. FATHER'S NAME <u>Fred Kurt</u></div> <div>13b. MOTHER'S MAIDEN NAME <u>unknown</u></div> <div>14. NAME OF HUSBAND OR WIFE <u>none</u></div> </div>											
<div> <div>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></div> <div>16. SOCIAL SECURITY NO. <u>none</u></div> <div>17. INFORMANT <u>Albert Kurt</u> Address <u>Schell City, Mo.</u></div> </div>											
<div> <div>18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:</div> <div>IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION</u></div> <div>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic heart disease</u></div> <div>DUE TO (c) _____</div> </div>											
<div> <div>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</div> <div>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</div> </div>											
<div> <div>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></div> <div>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></div> <div>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</div> </div>											
<div> <div>20c. TIME OF INJURY Hour <u>8 am</u> Month, Day, Year <u>Jan 2, 1962</u></div> <div>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></div> <div>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u></div> <div>20f. CITY, TOWN, OR LOCATION <u>Schell City</u> COUNTY <u>Vernon</u> STATE <u>Missouri</u></div> </div>											
<div> <div>21. I attended the deceased from _____, to _____ and last saw her him alive on _____</div> <div>Death occurred at <u>10 am</u> on the date stated above, and to the best of my knowledge, from the causes stated.</div> </div>											
<div> <div>22a. SIGNATURE (Degree or title) <u>Charles P. Phelps M.D.</u></div> <div>22b. ADDRESS <u>Donado Springs, Missouri</u></div> <div>22c. DATE SIGNED <u>JAN 4, 1962</u> (State) <u>Mo.</u></div> </div>											
<div> <div>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></div> <div>23b. DATE <u>Jan. 5, 1962</u></div> <div>23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u></div> <div>23d. LOCATION (City, town, or county) <u>Schell City</u></div> </div>											
<div> <div>24. FUNERAL DIRECTOR <u>Lewis & Son</u> ADDRESS <u>Schell City, Mo.</u></div> <div>25. DATE RECD. BY LOCAL REG. <u>Jan 10 - 1962</u></div> <div>26. REGISTRAR'S SIGNATURE <u>Armas J. Perry</u></div> </div>											

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John G. Lewis

Licensed Embalmer No. 4774

P. O. Address Schell City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.